

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: 8/9/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	<u>Low Freq - Oxygenant</u>	<u>379.52</u>	<u>[REDACTED] is currently unemployed.</u>
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: [Signature]

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____



Due Date/Days Past Due	03/10/17	27	Monthly
Payment Due	299.94		299.94
Partial Payment Credit	-.42		51
Late Charge Due	80.00	16	36
Return Check Charge			8337.88
Total Due	<u>379.52</u>		8526.52
Total Received			
Late Charge Received			
Late Charge Credit			
Interest Due			188.64

Function*